

Immunize Utah

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Utah Department of Health Immunization Program

Winter 2004

Refrigerator Temperatures Need to be "Just Right"

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Utah VFC Program
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During VFC site visits to evaluate physician offices and clinics, VFC representatives have noted that some practices believe "the colder, the better" in their vaccine refrigerators. While it is important to keep vaccines from getting too warm, it is also just as important to keep vaccines from getting too cold!

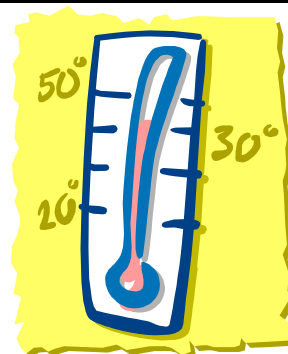
Provider offices are doing an excellent job of ensuring that vaccines do not reach the maximum recommended temperature of 46° F (8° C). However, we also need to ensure that vaccines do not exceed the minimum recommended temperature of 35° F (2° C).

It is true that live, frozen vaccines, such as varicella, cannot get too cold (5° F (-15° C) or colder), only too warm. However, freezing temperatures significantly compromises inactivated, refrigerated vaccines. Damaging effects to vaccines begin below 32° F (0° C) and become dramatic below 30° F, even though the

vaccines may not freeze solid or change color. The actual temperature to freeze vaccines solid is lower than the temperature to freeze plain water. These damaging effects can result in a loss of vaccine viability and a loss of protection to the patient.

Administering "frozen" vaccines (vaccines stored at or below 32° F) to a patient may not result in adequate protection, potentially leaving a patient at risk for the disease the vaccine is designed to protect against.

Replacing "frozen" vaccines can be costly in time and money. Furthermore, there may be a need to search records to determine which patients were given these vaccines and who might need to be re-vaccinated. Further time must then be spent dealing with anguished or annoyed patients or parents who have to return to the clinic for revaccination.



The temperature range for proper storage of refrigerated vaccines is between 35° to 46° F (2° to 8° C).

The margin of safety between the low end of the recommended range (35° F) and freezing (32° F) is very small, which is why it is very important that staff are diligent in checking and recording refrigerator temperatures daily. It is also important for staff to be trained to use a temperature log that clearly indicates out-of-range temperatures which will alert staff who are documenting the readings. The Utah VFC Program provides a temperature log with shading to indicate out-of-range temperatures to all VFC providers. If you do not have a copy of this temperature log please contact your VFC representative at 801-538-9450 or log on to our website at <http://www.immunize-utah.org/provider/vfc/templog.pdf>

The Utah Immunization Program recognizes how hard providers work to immunize Utah's children and adults, but without ensuring vaccines are stored at proper temperatures, all that work may not result in better protection against vaccine preventable diseases.

Inside this Issue

- * Vaccine Information Statements...Update
- * Change in Minimum Age for Hepatitis B Vaccine
- * Influenza Strikes Hard
- * Helping Parents Who Question Vaccines
- * FDA Approves Supplement to Infanrix License
- * Medicaid Recognizes HMOs

Vaccine Information Statements...an Update

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As new vaccines are developed and added to the Recommended Childhood Immunization Schedule, the need for communicating the benefits and risk of vaccines becomes even more challenging. One of the best ways to do that is through the Vaccine Information Statements (VIS's). In fact, it's the law. All immunization providers are required under the National Childhood Vaccine Injury Act of 1986 (NCVIA) to provide the most current **VIS's prior to administration** of each dose of the vaccine covered by this Act.

Vaccines covered by the National Childhood Injury Act:

Tetanus	Measles	Mumps
Rubella	Pertussis	Diphtheria
Varicella	Polio	Hepatitis B
Haemophilus influenzae type B		
Pneumococcal conjugate		

While the NCVIA does require that VISs are provided prior to receipt of the vaccine, it does not exclusively stipulate that take-home copies of each VIS must be provided. It is recommended that take-home copies be offered along with other appropriate supplemental materials or oral explanations.

As long as the provider gives the parent/legal guardian the opportunity to read the VIS, then offers a copy, to those who request it, and records the publication date of the VIS in the child's immunization record, the spirit of the law has been fulfilled.

The Utah Vaccines for Children Program no longer prints and maintains an inventory of VISs for distribution to VFC providers. A camera-ready set of VISs are provided to each VFC provider during routine VFC site visits. Updated copies of VISs are also provided as necessary.

To ensure that you have the most current VIS's in your clinic, please refer to the list below. If you

have outdated copies, please discard them and use only those with the appropriate dates. If you do not have current copies of the VIS's, you can download them from the National Immunization Program (NIP) website at www.cdc.gov/nip or contact the Utah Immunization Program at 801-538-9450.

Current VIS issue dates for vaccines covered under the NCVIA:

DTaP (includes DT):	07/30/01
Td:	06/10/94
MMR:	01/15/03
Polio:	01/01/00
Hib:	12/16/98
Hepatitis B:	07/11/01
Varicella:	12/16/98
Pneumococcal Conjugate:	09/30/02

Note: If there is not a VIS for a combination vaccine (e.g., hepatitis A/hepatitis B), use the appropriate VIS's for all relevant vaccines indicated.

Recordkeeping:

In addition to providing VIS's, health care providers must also maintain appropriate documentation in the patient's permanent medical record. The following notations should be indicated:

- 1) The edition date of the VIS
- 2) The date the VIS was provided
- 3) The name, address and title of the individual who administers the vaccine
- 4) The name of the vaccine
- 5) The date of administration
- 6) The vaccine manufacturer and lot number of the vaccine used.

References:

- 1 Regional Vaccines for Children (VFC) Representative/ National Immunization Program/CDC, 10/30/03
- 2 National Childhood Vaccine Injury Act, <http://www.cdc.gov/nip/vacsafe/default.htm#NCVIA>

Kudos To Providers!

The Utah Immunization Program is proud to recognize outstanding efforts in immunizing Utah's children. We are pleased to recognize the following providers for rates shown during recent immunization (Clinic Assessment Software Application (CASA)) assessments in 2003:



For achieving the goal of immunizing 90% of two-year-olds with 4 DTap, 3 Polio, 1 MMR, 3 Hib, & 3 Hep. B:

Cache Valley Family Practice 100%
 Janna Fick, MD 100%
 Alpine Pediatrics
 Douglas Coombs, MD
 Cottonwood Pediatrics
 Gordan Glade, MD
 Mountain View Pediatrics
 Premier Pediatrics
 Patrick Rose, MD
 Weipert Pediatrics
 Michael Whiting, MD
 Willowcreek Pediatrics at St Marks

Outstanding achievements in immunizations goes to:

Gary Behrmann, MD
 Family Practice Clinic
 IHC Bryner Clinic
 IHC Health Center - Bountiful
 IHC Health Center - Springville
 IHC Health Center - South Ogden
 IHC Holladay Pediatrics
 IHC Memorial Clinic
 IHC Pediatrics
 IHC Sandy Clinic
 Intermountain Pediatric Clinic
 Daniel Johnson, MD
 Jordan Meadows Medical Center
 Margaret Kluthe, MD
 Monument Valley Health Center
 Martin Nygaard, MD
 Ogden Clinic Pediatrics
 Pediatric Care of Ogden
 Snow Canyon Clinic
 Utah County Medical Associates
 Utah Valley Pediatrics
 Utah Valley Pediatrics, Orem
 Willowcreek Pediatrics



Mark Your Calendars !

National Infant Immunization Awareness Week

April 25—May 1

38th National Immunization Conference

Gaylord Opryland Hotel , Nashville, TN

May 11 - 14

CDC Satellite Broadcasts & Webcasts

Epidemiology & Prevention of Vaccine Preventable Diseases

Session 1	February 19	10:00 - 1:30pm
Session 2	February 26	10:00 - 1:30pm
Session 3	March 4	10:00 - 1:30pm
Session 4	March 11	10:00 - 1:30pm

For more information regarding these broadcast to go :

<http://www.phppo.cdc.gov/phtnonline> or contact

Becky Ward at 801-538-9450.

Continuing education credits are offered for each broadcast.

Change in the Minimum Age for Administration of the Last Dose of Hepatitis B Vaccine

During the October 15-16, 2003 meeting, the Advisory Committee on Immunization Practices (ACIP) voted to change the minimum age at which the last dose of hepatitis B vaccine (either the third or fourth dose) can be given to 24 weeks of age (or 168 days of age). The recommendation for a minimum age of 24 weeks is a change from the minimum age of 6 months published in the ACIP and AAFP General Recommendations on Immunization (MMWR 2002 51 (RR02)). This change is effective immediately.

Influenza Strikes Hard

Carlie Shurtliff
Adult Immunization Coordinator
Utah Immunization Program

The influenza season this year has presented many new challenges. An initial lab-confirmed case occurred the first week of November 2003, which was more than a month earlier than the initial confirmed cases in previous recent influenza seasons. Within four weeks, the influenza outbreak surpassed last year's peak level and was considered wide-spread. Influenza related deaths occurring in children across the country spurred increased media coverage of the influenza outbreak, which in turn caused increased focus on the need to immunize children. Subsequent increased demand for vaccine lead to an eventual shortage and then to depletion of the nation's influenza vaccine supply. Current surveillance indicators from the Utah Department of Health, Office of Epidemiology show a decline in influenza activity since the start of 2004 and it is likely that influenza outbreaks for this season have peaked. As of January 14th 2004, approximately 75% of the lab-cultured influenza cases circulating this year in the U.S. have been of the A/Fujian type. In Utah, a total of 5,940 laboratory-identified cases have been reported from 12 out of 12 Local Health Districts in Utah (22 of 29 counties). This total includes 3 Type B and 914 Type A (subtyped isolates have been A/Fujian). For updated influenza information from the UDOH Office of Epidemiology go to: http://health.utah.gov/els/flu/flu_week.htm.

Several factors contributed to the influenza vaccine shortage this season: first, the quantity of influenza vaccine produced is limited (it is based on a combination of pre-booked orders and on the quantity of vaccine purchased during the previous season); second, the early occurrence and severity of the influenza outbreak this year created increased media focus and subsequent record demand for vaccine; third, many more children were vaccinated this season than in any previous season. With more children anticipated to be vaccinated this coming year, it is important to pre-book vaccine orders. This will allow the manufacturers to estimate the anticipated influenza vaccine need across the country and will help to determine the final quantity of vaccine produced.

Influenza vaccine orders for next year may be placed now with Aventis, Wyeth and many other vaccine distributors. The Utah Immunization Program recommends that you place your order as soon as you can determine your anticipated vaccine needs. Contact information for ordering vaccine may be found at our Utah Immunization Program website: http://www.immunize-utah.org/public/adoles_vaccinesupply.htm. Also, please remember to complete the VFC form estimating the quantity of VFC influenza vaccine you would like to receive next year. The quantity of VFC influenza vaccine ordered for the upcoming season will be based on the estimates we receive now.

An additional complication for providers this year was the need to vaccinate children under 9 years of age with two doses of vaccine if they had never previously received a dose of influenza vaccine. The initial two doses a child under 9 receives are considered a completed series and the schedule requires that the influenza doses be given with a minimum of 1 month between doses. Unfortunately, due to the unavailability of vaccine this season, many children did not receive their 2nd influenza dose. If the child received only one dose this year, only one dose is needed next year for the child to achieve full protection from the vaccine.

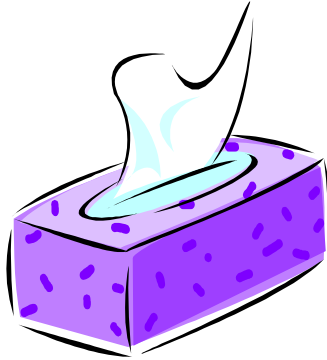
Historically, only small numbers of children have been immunized against influenza. In 2002, the Centers for Disease Control added healthy 6 through 23 month old children to the recommendation list for influenza vaccine. The CDC's "pink book"* states: "The ACIP encourages healthy children ages 6-23 months be vaccinated because they are at increased risk of influenza-related hospitalization." While more adults over 65 years of age die from complications of influenza than children, the burden of influenza on this young age group is great. The CDC issued the following statement on December 11th of 2003 concerning a change in the recommendation for young children:



At its October 15, 2003 meeting, the Advisory Committee on Immunization Practices (ACIP) voted to recommend that children 6 to 23 months of

age be vaccinated annually against influenza. Previously, the ACIP had encouraged rather than recommended vaccination for children in this age group, when vaccination was feasible. This recommendation expands the age group for which vaccination is recommended. Now, ACIP recommends vaccination for all children aged 6-23 months, unless contraindications are present.

For children younger than 9 years of age, two doses of inactivated influenza vaccine (flu shot) should be administered more than 1 month apart. If possible, the second dose should be administered before December. Annual vaccination continues to be recommended for all those who are vaccinated, because immunity declines in the year following vaccination and because the composition of influenza vaccine must be changed each year. Vaccine prepared for a previous influenza season should not be used to protect against influenza strains during the current season.



Vaccination is not recommended for children younger than 6 months of age; the current inactivated influenza vaccine is not approved for use among children 6 months and younger. Live attenuated intranasal vaccine (LAIV, trade name FluMistT) is approved only for healthy persons aged 5 to 49 years. Children aged less than 5 years should not receive this vaccine.

Please remember that children older than six months of age in the following categories are considered high-risk and are also recommended to receive annual influenza vaccination:

- * children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma;
- * children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dys-

function, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus [HIV]);

- * and children and adolescents (aged 6 months to 18 years) who are receiving long-term aspirin therapy and, therefore, might be at risk for experiencing Reye syndrome after influenza infection.

The CDC recommends that close contacts of children under 6 months of age receive influenza vaccination since the children themselves are too young to receive vaccine. Preventive measures should also be used to protect the child from infection if a close contact becomes ill with influenza.

Vaccination is still the best preventative measure for influenza, however, in the absence of vaccine the Utah Department of Health recommends:

- * Use a tissue to cover your nose and mouth when coughing or sneezing; throw the tissue away immediately and wash hands thoroughly.
- * Wash hands frequently with soap and hot water for at least 20 seconds.
- * Use hand sanitizers when unable to wash.
- * Rinse and dry hands with a disposable towel. Use towel to turn off the faucet.
- * Stay home from work, school, church, social functions and public gatherings if you have flu-like symptoms.
- * Refrain from visiting friends or family if you have flu-like symptoms.
- * Eliminate casual contact such as shaking hands.
- * Ask for a mask when entering doctors' offices, emergency rooms or other healthcare buildings.

Efforts by providers to promote influenza vaccination are greatly appreciated and are a valuable contribution to public health. Every influenza season may present new challenges, but advance preparation will help with many potential difficulties. The Utah Immunization Program thanks you for your continued cooperation and support.

Additional influenza information and links may be found at the following websites:

<http://www.immunize-utah.org>
<http://www.cdc.gov/flu>

* *Epidemiology and Prevention of Vaccine-Preventable Diseases*

Helping Parents Who Question Vaccines

Reprinted from the
CDC Immunization Works Newsletter
April 2003

Most parents believe in the benefits of immunization for their children. However, health care providers may encounter parents who question the need for or safety of childhood vaccines. Such parents may choose to delay or forgo immunizing their children with some or all of the recommended vaccines. To assist parents in making fully informed immunization decisions, providers should try to understand differing views of vaccine risks and benefits, and be prepared to respond effectively to concerns and questions.

Effective, empathetic communication is critical in responding to parents who are considering not vaccinating their children. Parents should be helped to feel comfortable voicing any concerns or questions they have about vaccination, and providers should be prepared to listen and respond effectively. Based on findings from parents, providers should consider the following issues:

Ask Questions

- Evaluate whether the child has a valid contraindication to a vaccine by asking about medical history, allergies, and previous experiences.
- Assess the parent's reasons for wanting to delay or forgo vaccination in a non-confrontational manner
- If parents have safety concerns or misconceptions about vaccination ask them to identify the source of those concerns or beliefs.
- Listen carefully, paraphrase to the parent what they have told you, and ask them if you have correctly interpreted what they have said.

Respect and Address Concerns

- Provide factual information in understandable language that addresses the specific concerns or misconceptions the parent has about vaccination.
- Use Vaccine Information Statements (VIS) for discussing vaccine benefits and risks. Before administering each dose of certain vaccines, providers are required by law to provide a copy of the current VIS to the child's parents/legal guardian to read. Providers must also record in

the child's chart the date that the VIS was given and the publication date of the VIS.

- Educate parents about the dangers of vaccine-preventable diseases and the risks of not vaccinating as they relate to the child, family and community.
- Express your personal support for vaccinations and share experiences you have had with children with vaccine-preventable diseases.
- Provide educational materials to be taken home and refer the parent to other credible sources of information.

Educate About Responsibilities

Inform parents who defer vaccination of their responsibilities to protect other family and community members, including people who may be immunocompromised. Parents also should be advised of state school or child-care entry laws, which might require that unimmunized children stay home from school during outbreaks of vaccine-preventable diseases.



Explore Acceptable Options

Explore whether the parent is willing to allow the child to receive certain vaccines, to be immunized on an alternative schedule or delay vaccination and "catch-up" if the parent changes his/her mind.

Keep Communication Open

Keep the lines of communication open with parents who choose to defer or who refuse vaccination by expressing your desire to talk more about vaccines during future visits. Periodically assess the parent's willingness to vaccinate their child, including at every well child visit. And document any refusal to vaccinate in the medical record.

More Information

Contact the Utah Immunization Program at 801-538-9450 or visit our website at www.immunize-utah.org. Also visit the CDC website for current information on immunization, tools to help educate parents, Vaccine Information Statements and more at www.cdc.gov/nip. You may also contact or refer patients to the CDC Immunization Hotline (800)232-2522 (English),

FDA Approves Supplement to Infanrix License

On July 7, 2003 the Food and Drug Administration (FDA) approved a supplement to the license application for GlaxoSmithKline's Infanrix, a combination Diphtheria and Tetanus Toxoids and Acellular Pertussis vaccine (DTaP). The approval allows providers to give the vaccine as a fifth consecutive DTaP dose of Infanrix to children age 4-6 years. Previously, the FDA had approved Infanrix for the DTaP three-dose primary series and the DTaP fourth dose, given during the second year of life.

To access the approval letter from the FDA website, go to: <http://www.fda.gov/cber/approvltr/dtapgla070703L.htm>

To access a camera-ready (PDF) version of the 26-page prescribing information (package insert) from the FDA website, go to: <http://www.fda.gov/cber/label/dtapgla070703LB.pdf>

The following Information is also provided about the other DTaP vaccine products available and their FDA license for use:

GlaxoSmithKline's **Pediarix** (Diphtheria and Tetanus Toxoids with Acellular Pertussis, Hepatitis B, and Inactivated Poliovirus vaccine combined) is licensed only for the **three-dose primary series**.

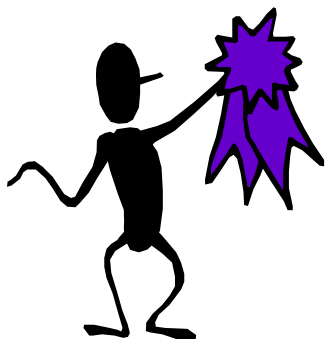
Aventis Pasteur Inc.'s **Tripedia** (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine) is licensed for **all five doses**, the three-dose primary series doses and doses 4 and 5.

Aventis Pasteur Inc.'s **Daptacel** (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine) is licensed only for the **three-dose primary series and dose 4**.

Aventis Pasteur Inc.'s **TriHIBit** (Haemophilus b Conjugate Vaccine - ActHib reconstituted with Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine - Tripedia is licensed **only for the fourth dose**.

Medicaid Recognizes HMOs

The Bureau of Managed Health Care congratulates both *Healthy U* and *Molina* in their efforts to increase their immunization rates based on HEDIS measures. For each full percentage point above the health plans' baseline, they receive an incentive award. From calendar year 1999 to 2002, *Healthy U* increased its HEDIS measure for "Immunization By Two" from 47.7% to 58.9% or 11 full percentage points. *Molina* increased its "Immunization By Two" score from 47.1% in calendar year 2001 to 57.0% in 2002 or 9 full percentage points.



In addition, *Molina* increased its adolescent immunization HEDIS rate from 6.8% in the year 2000 to 7.8% in 2002.

Revised: CDC UPDATES THE ONLINE VERSION OF ITS BOOKLET "GUIDELINES FOR VACCINATING PREGNANT WOMEN"

The Centers for Disease Control and Prevention (CDC) has recently updated one of its online resources, the "Guidelines for Vaccinating Pregnant Women". The revised booklet now includes information that pregnant women are among the populations that should not be vaccinated with live attenuated influenza vaccine (LAIV; trade name FluMist).

To access the document online, go to: http://www.cdc.gov/hip/publications/preg_guide.htm

To access a camera-ready (PDF) copy, go to: http://www.cdc.gov/nip/publications/preg_guide.pdf



Utah Department of Health
**IMMUNIZATION
PROGRAM**

Immunize for healthy lives

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288 North 1460 West
Salt Lake City, UT 84114-2001

Return Service Requested



Check out our web-site
www.immunize-utah.org

JUST FOR FUN

Find words in the grid. Words can go horizontally, vertically, and diagonally in all directions

Vaccine	Doses
Storage	Refrigerator
Temperature	Celsius
Thermometer	Fahrenheit
Influenza	Freeze
Sick	Meningococcal
Polio	Adolescent
Varicella	Adult
Immunization	VFC
Provider	Hepatitis
Supplement	Season
Medicaid	MMR
Travel	

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